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# CHAPTER 18

## MOTOR VEHICLE ACCIDENTS

### HOW TO REPORT, DOCUMENT, AND CLASSIFY MOTOR VEHICLE ACCIDENTS

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# CHAPTER 18

## MOTOR VEHICLE ACCIDENTS

### HOW TO REPORT, DOCUMENT, AND CLASSIFY MOTOR VEHICLE ACCIDENTS

#### 18.00 INTRODUCTION

This chapter provides all the necessary details to report and document motor vehicle accidents. It explains the forms and reporting procedures that the driver or operator, and his/her supervisor, or responsible person in the chain-of-command, are responsible to do following a motor vehicle accident.

#### 18.01 PURPOSE

The purpose of this chapter is to ensure uniform reporting and documentation of motor vehicle accidents, and has been divided into two (2) parts as follows:

**Part 1. Reporting Motor Vehicle Accidents** describes the sequence of events that the driver or operator, and the supervisor is responsible to do following a motor vehicle accident. It also includes a complete description of the forms required to document motor vehicle accidents.

The reporting requirements described in Part 1. of this chapter are based upon criteria established in the State Administrative Manual (SAM), Department of Motor Vehicles (DMV) Code, the State Compensation Insurance Fund (SCIF), the Department of General Services, Cal-OSHA, and Caltrans reporting requirements.

**Part 2. Classifying Motor Vehicle Accidents** describes the Caltrans Motor Vehicle Accident Classification System. The definitions are also described on the reverse side of Form PM-S-0270, DATA INPUT FOR MOTOR VEHICLE ACCIDENT.

#### 18.02 POLICY STATEMENT

Whenever an employee is involved in a motor vehicle accident while driving a state-owned, rented, or privately-owned vehicle on official state business he/she shall report the accident on the appropriate forms, and in a timely manner.

**18.03 RESTRICTED ACTIVITIES**

Whenever an employee is involved in a motor vehicle accident while operating a state-owned, rented, or privately-owned vehicle on official state business he/she shall not discuss the accident with anyone other than the police, their supervisor, Office of Risk and Insurance Management, Claims Unit, or an authorized agent under contract with ORIM. If contacted by the other party, their attorney or insurance company, refer the party or correspondence to ORIM Claims Unit.

All communications regarding claims, summons or complaints, must be forwarded to the District Claims Office or District/Headquarters Safety and Health Office who will forward the information to the Department of General Services, Office of Risk and Insurance Management for disposition.

If at any time following the accident, the driver/employee is served with any legal papers, ORIM Claims Unit should be called immediately.

Supervisors and/or employees may contact the District or Headquarters Safety and Health Office for information or assistance.

**18.04 OBTAINING COPIES OF POLICE REPORTS**

Supervisors should obtain copies of accident reports prepared by the California Highway Patrol (CHP) or reports prepared by local police jurisdictions. He or she may obtain these reports as an "interested party" and at no cost. Do not delay submitting a Form STD 270 within 48 hours to ORIM. Police reports and other documents may be obtained at a later date.

Copies of the report(s) shall be given to the District Claims Officer, or District/Headquarters Safety and Health Officer, who will arrange for the police report to be sent to the Department of General Services, Office of Risk and Insurance Management.

**NOTE:**

The Department of General Services, Office of Risk and Insurance Management is the state agency that acts as the Department's insurance adjusting agent in vehicle accident claims and related insurance procedures.

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## **PART 1.**

# **REPORTING MOTOR VEHICLE ACCIDENTS**

### **18.1-1 OVERVIEW OF REPORTING and DECISION MAKING RESPONSIBILITIES**

The following describes what the driver or operator, and the supervisor of his/her chain-of-command, is responsible to do following a motor vehicle accident.

- **By the Driver or Operator**

1. Report all motor vehicle accidents and/or property damage accidents to his/her supervisor as soon as possible.
2. Complete the Form STD. 269, ACCIDENT IDENTIFICATION at the scene. See section 18.1-3 for more details.
3. Complete the Form STD. 270 VEHICLE ACCIDENT REPORT as soon as possible after the accident. The Form STD. 270 must be mailed within 48 hours after the accident. See Section 18.1-4 for more details.

- **By First-Line Supervisor**

1. Ensure all motor vehicle accidents are promptly investigated, documented, and properly reported to their chain-of command and the Safety Office.
2. Ensure the employee understands when and how to complete the Form STD. 269 and Form STD. 270. Should the driver be unable to do so, the supervisor shall fill out the form(s).
3. Review the completed Form STD. 270, VEHICLE ACCIDENT REPORT, analyze the information, determine the basic cause, and sign as Reviewing Officer.
4. Check the driving history of the affected employee to see if he/she has had any recent accidents that may influence the supervisor's decision to consider training or other appropriate action.
5. Complete the Form PM-S-0270, DATA INPUT FOR MOTOR VEHICLE ACCIDENT. Make comments regarding appropriate corrective action taken to prevent similar accidents, determine and assign "preventability".

6. According to the facts, assign the accident an appropriate accident classification based on the definitions in the Caltrans Vehicular Accident Classification system described in Part 2 of this chapter.
7. Obtain and forward a copy of all law enforcement reports regarding the accident. **Do not** delay sending in the Forms STD. 270 and PM-S-0270 while waiting for the police report.

NOTE:

The supervisor or person having charge over the state vehicle is responsible to complete STD 270 for acts of vandalism or damage sustained while parked if vehicle was not currently assigned to other employee at the time of damage.

• **By Second-Line Supervisor**

1. Review Form STD. 270, VEHICLE ACCIDENT REPORT, and Form PM-S-270, DATA INPUT FOR MOTOR VEHICLE ACCIDENT for completeness, appropriate classification and any corrective action.
2. Discuss the driving history of the affected employee with the first-line supervisor to see if he/she has had any recent accidents that may impact supervisor's decision to consider training or other appropriate action.
3. Forward the original copy of the Form STD. 270, and the Form PM-S-0270, to the District Safety and Health Office for accidents involving District employees, and to the Headquarters Office of Safety and Health for employees assigned to Headquarters sourced units. **If he/she is an Equipment Shop employee, send the original directly to the Headquarters Safety Office and a copy to the appropriate District Safety Office.**

• **By District or Headquarters Safety and Health Officer**

1. Review the Form STD. 270, VEHICLE ACCIDENT REPORT, analyze the information, and determine the basic cause of the accident.
2. Review the accident classification decision by the first and second-line supervisors to ensure it is appropriate, correct, and "preventability" has been determined and assigned.

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NOTE:

The Chief, Office of Safety and Health and the District Safety Officers have final authority to determine the accident classification and “preventability” assigned to any accident or to any employee.

3. Notify the second-line supervisor if there is disagreement about an accident classification, and/or “preventability” he/she may have selected and assigned to a specific accident. An assigned classification for any accident should be reconsidered and/or changed to be consistent with the Caltrans Vehicular Accident Classification system.
4. Prepare and/or cooperate with notifying the employee if the accident classification is determined to be “preventable” and the employee may be denied benefits and/or awards.
5. The District or Headquarters Office of Safety and Health staff will arrange for the reports to be sent to the Department of General Services, Office of Risk and Insurance Management. This state agency acts as the Department’s insurance adjusting agent in vehicle accident claims and related insurance procedures.

\* \* \* \* \*

**18.1-2 OVERVIEW OF REQUIRED FORMS**

The Department of General Services provides two (2) standard forms, used by all state agencies and departments, to record information about motor vehicle accidents and associated personal injuries and property damage.

The State Compensation Insurance Fund (SCIF), Cal-OSHA, and Caltrans management also have mandatory requirements for reporting, documenting, and maintaining statistical data about motor vehicle accidents, the personal injuries, and property damage that is typically associated with them.

Additionally, Caltrans has a computer data base entry form to record and retrieve statistical data about motor vehicle accidents and related personal injuries and property damage. The Caltrans system is known as the "Safety Information Management System" or "SIMS."

The following briefly describes the three (3) forms used to record motor vehicle accident data and the sequence in which they are normally used:

**1. Form STD. 269**

The Form STD. 269, "ACCIDENT IDENTIFICATION CARD" is designed to provide a quick easy way to record basic information about the accident while at the accident scene.

**2. Form STD. 270**

The Form STD. 270, "VEHICLE ACCIDENT REPORT" is the official form used to document the specific details about the accident and is usually completed when the driver or operator returns to their office.

**3. Form PM-S-0270**

This Form PM-S-0270, "DATA INPUT FOR MOTOR VEHICLE ACCIDENT" is a computer input document.

The supervisor, using information taken from the Form STD. 270 and their own investigation completes the Form PM-S-0270.

The Safety and Health staff will review the form for completeness and accuracy, then enter the factual information about the motor vehicle accident, and associated personal injury and property damage into the SIMS computer data base.



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**18.1-3 HOW TO USE FORM STD. 269****"ACCIDENT IDENTIFICATION CARD"**

The Form STD. 269 ACCIDENT IDENTIFICATION CARD is a state form required by the Department of General Services, Office of Risk and Insurance Management (ORIM), and Caltrans management.

The Caltrans driver must complete a Form STD. 269 for all motor vehicle and/or motorized equipment accidents regardless of the ownership of the vehicle at the accident scene and the amount of damage.

The purpose of the Form STD. 269 is to record pertinent information about the accident while still at the accident scene. The information on the Form STD. 269 is transferred onto a Form STD. 270. Within 48-hours, the accident must be reported to ORIM by mail or FAX on a Form STD. 270.

A copy of a Form STD. 269 should be located in the storage (glove) compartment of every state-owned vehicle. The form is an eight-sided, folded card, about 4 inches by 6 inches, printed back-to-back.

The Form STD. 269 is NOT a substitute for completing a Form STD. 270. See Section 18-1.4, HOW TO USE FORM STD. 270, VEHICLE ACCIDENT REPORT.

If the accident causes an injury to persons (other than a Caltrans employee), or involves damage to the property of others, the Caltrans driver must immediately call the Office of Risk and Insurance Management.

If an accident occurs on weekends or on holidays, it must be reported as soon as possible, but it is reported to a different state telephone number. Public, CALNET, and FAX telephone numbers are shown on the form.

**NOTE:**

Do not discuss the accident with anyone other than the police, a supervisor, Office of Risk and Insurance Management Claims Unit, or an authorized agent under contract with ORIM. If contacted by the other party, their attorney or insurance company, refer the party or correspondence to ORIM Claims Unit.

If at any time following the accident, the driver/employee is served with any legal papers, ORIM Claims Unit should be called immediately.

Contact the District or Headquarters Safety and Health Office for information or assistance.

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The State Administrative Manual (SAM), Section 2430, requires the employee, or operator of the vehicle, and the supervisor to comply with the following:

- a) The Caltrans driver must complete a Form STD. 269, by recording all pertinent information on the form before leaving the accident scene.

The first section of the form is designed to be detached and given to the driver of the other vehicle or property owner.

When the other party asks questions about insurance coverage, or insurance related questions, the Caltrans driver/operator should tell the other driver/property owner to direct their questions to the Department of General Services, Office of Risk and Insurance Management. Point out to the other party that the address and telephone number of the Office of Risk and Insurance Management, Claims Unit is shown on the card.

- b) The Caltrans driver will transfer the information from the Form STD. 269 to a Form STD. 270 VEHICLE ACCIDENT REPORT.
- c) The Caltrans driver must give the completed Form STD. 269 (and a completed Form STD. 270) to his/her supervisor as soon as possible following the accident.
- d) The supervisor who authorized the Caltrans driver to use the vehicle is responsible to ensure that the Form STD. 269 is filled out completely and accurately.

If the driver is unable to complete the form, the supervisor is responsible to complete the form for the employee, and ensure that the accident is reported to ORIM within 48-hours by mail or FAX on a Form STD. 270. If the supervisor is not available, a co-worker, or other person should ensure that the facts surrounding the accident are recorded on a Form STD. 269, and the form is sent to an appropriate member within the employee's chain-of-command who must report to ORIM within 48-hours by mail or FAX on a Form STD. 270.

After the information is transferred from the Form STD. 269 to the Form STD. 270, the supervisor may retain, or destroy their copy of the Form STD. 269.

The information on the Form STD. 269 should be considered as "confidential" and should be destroyed in the proper manner.

A sample of Form STD. 269, ACCIDENT IDENTIFICATION CARD is shown at the end of this chapter.

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**18.1-4 HOW TO USE FORM STD. 270****"VEHICLE ACCIDENT REPORT"**

The Form STD. 270 VEHICLE ACCIDENT REPORT is a state form required by the Department of General Services, Office of Risk and Insurance Management (ORIM), and Caltrans management.

**The most current version of the Form STD. 270 is available from supervisors, District or Headquarters Safety and Health Offices and the Caltrans Electronic Forms System on the Caltrans Intranet.**

The Caltrans driver must complete a Form STD. 270 for all motor vehicle and/or motorized equipment accidents regardless of the ownership of the vehicle at the accident scene, amount of damage, or repair cost. A separate STD 270 must be completed for each state vehicle involved or damaged.

Within 48-hours, the accident must be reported to ORIM by mail or FAX on a Form STD. 270, VEHICLE ACCIDENT REPORT.

If the accident causes an injury to persons (other than a Caltrans employee), or involves damage to the property of others, the Caltrans driver must immediately call the Office of Risk and Insurance Management.

If an accident occurs on weekends or on holidays, it must be reported as soon as possible, but it is reported to a different state telephone number. Public, CALNET, and FAX telephone numbers are shown on the form.

Supervisors should obtain copies of accident reports prepared by the California Highway Patrol (CHP) and/or reports prepared by local police jurisdictions. He or she may obtain these reports as an "interested party" and at no cost. Do not delay submitting a Form STD. 270 within 48 hours to ORIM. Police reports and other documents may be obtained at a later date.

NOTE:

Do not discuss the accident with anyone other than the police, his/her supervisor, Office of Risk and Insurance Management, Claims Unit, or an authorized agent under contract with ORIM. If contacted by the other party, their attorney or their insurance company, direct the party or correspondence to ORIM Claims Unit.

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If at any time following the accident, the driver/employee is served with any legal papers, ORIM Claims Unit should be called immediately.

Contact the District or Headquarters Safety and Health Office for information or assistance.

The State Administrative Manual (SAM), Section 2440 requires the employee, or operator of the vehicle, and the supervisor to comply with the following:

- a) The Caltrans driver must complete a Form STD. 270.  
(All pertinent information is transferred from the Form STD. 269 to the Form STD. 270.) See Section 18-1.3, HOW TO USE FORM STD. 269, ACCIDENT IDENTIFICATION CARD.

All pertinent facts related to the accident must be clearly written on the form so the information will be understood by any person who was not a witness or not at the accident scene.

- b) The Caltrans driver must give a completed Form STD. 270 to his/her supervisor as soon as possible following the accident.
- c) The supervisor who authorized the Caltrans driver to use the vehicle is responsible to ensure that the Form STD. 270 is filled out completely and accurately.

If the driver is unable to complete the form, the supervisor is responsible to complete the form for the employee and ensure that the accident is reported to ORIM within 48-hours, by mail or FAX on a Form STD. 270. If the supervisor is not available, a co-worker, or other person should ensure that the facts surrounding the accident are recorded on a Form STD. 269, and the form is sent to an appropriate member within the employee's chain-of-command who must report to ORIM within 48-hours, by mail or FAX on a Form STD. 270.

- d) The supervisor of the Caltrans driver involved in an accident must investigate the accident.

The investigation will enable the supervisor to co-sign the VEHICLE ACCIDENT REPORT, Form STD. 270.

A sample of Form STD. 270, VEHICLE ACCIDENT REPORT is shown at the end of this chapter.

**18.1-5 HOW TO USE FORM PM-S-0270****"DATA INPUT FOR MOTOR VEHICLE ACCIDENT"**

This is a Caltrans computer input document and is the last official document required in the sequence of events following a motor vehicle accident.

The form must be filled out to ensure that an accident has been properly classified, documented, and included in the SIMS computer data base. The form is only for internal Departmental use by the District/Headquarters Safety and Health Office staff.

**NOTE:**

A separate Form PM-S-0270 must be completed for each state vehicle involved or damaged.

The purpose of the "Data Input For Motor Vehicle Accident" form is:

- To collect data that will identify the employee, the equipment, and detailed information describing the physical and environmental conditions surrounding the accident by establishing a computer file.
- To document the Accident Prevention Plan (shown on the reverse side) by having the supervisor and others review and discuss the details of the accident with the driver to select the basic cause.
- To document the preventability of the accident based upon Caltrans Vehicular Accident Classification Standards.

The following provides an explanation on how to file a Form PM-S-0270:

- 1) Based upon the information provided by the driver/operator, and after completing an investigation, the first-line supervisor fills out the front of the form. All boxes describing physical and environmental conditions must be completed.
- 2) Supervisors are responsible to ensure that all of the data fields have been reviewed and all the information on the computer input document is complete and accurate. Call your local Safety and Health Office if you need assistance.

- 3) After completing the front of the form, the first-line supervisor shall review the back side of the form and select the appropriate accident classification that best fits the circumstances surrounding the accident.
- 4) After selecting the accident classification, the first-line supervisor shall complete the lower section of the form by filling out the Accident Prevention Plan as shown on the reverse side of the form.
- 5) The second-line supervisor shall review the first-line supervisor's comments and indicate his/her agreement or disagreement with the first-line supervisor's recommendation. Subsequent levels of review shall include the District/Headquarters Safety and Health Officer.

**A sample of Form PM-S-0270 is shown at the end of this chapter. The most current version of the Form PM-S-270 is available from District or Headquarters Safety and Health Offices and the Caltrans Electronic Forms System on the Caltrans Intranet.**

\* \* \* \* \*

**18.1-6 REIMBURSEMENT FOR DAMAGE TO PRIVATELY-OWNED VEHICLE**

The Department of Personnel Administration (DPA) Rules, Sections 599.630 and 599.631 allows state employees to claim reimbursement for actual repair expenses incurred as a result of a collision or other accidental damage to their privately-owned vehicle if:

1. The damage occurred while the vehicle was used on official state business; and
2. The vehicle was damaged through no fault of the employee; and
3. The amount claimed is an actual loss to the employee, and is not recoverable directly from or through the insurance coverage of any party involved in the accident; and
4. The loss claim does not result from a decision of the employee not to maintain collision coverage; and
5. The claim is processed in accordance with the procedures prescribed by the Department of General Services, Office of Risk and Insurance Management.

Employees submitting a claim for reimbursement of repairs should discuss the accident with their supervisor and then contact their local Accounting Office for information and filing requirements. An employee submitting a claim for reimbursement of repair expenses must:

1. File a Travel Expense Claim (TEC), Form FA-0302.
2. File a Vehicle Accident Report, Form STD. 270.
3. Attempt to recover all damages through their insurance coverage, collision, comprehensive, or property damage.
4. Attach a copy of the Form STD. 270, signed by the supervisor, and a bill for repairs and/or replacement parts to the Form STD. 270.
5. Enter the following certification statement in the remarks section of the TEC form:

"I hereby certify that this expense was incurred by me as a result of damage to my privately-owned vehicle. This expense is not reimbursed through the insurance coverage of any of the parties involved in the accident."

**18.1-7 PRIVATELY-OWNED VEHICLE INSURANCE RATES**

If an insurance rate has been increased, policy canceled, or policy renewal was refused as a direct result of a work-related accident involving a state-owned vehicle or authorized use of their private vehicle, Caltrans will assist employees as follows.

The Department will assist in obtaining relief from action taken by their insurance carrier when it can be demonstrated that the action taken was a direct result of a work-related accident(s) which was clearly not the fault of the employee.

In order to obtain Departmental assistance, the employee should:

1. Contact their private insurance agent and discuss insurance premium increase, policy cancellation, or refusal of policy renewal. Sometimes an individual's insurance premium is raised simply because new drivers are added to the policy, covered drivers received traffic violations, or because the company raises rates for all policyholders.
2. If it still appears that the increase or cancellation resulted from a work-related vehicle accident(s) where the employee was clearly not at fault and the insurance agent does not obtain relief for the employee, they may discuss the issue with the local Claims Officer.

The District or Headquarters Claims Officer can:

1. Review the driving record and vehicle accident reports of the employee.
2. If warranted, contact the insurance agent and explain the facts to seek relief for the employee.
3. Advise the employee of the results of the contact or the reason why a contact was not made.

Even though the Claims Officer will make a reasonable effort to seek equitable treatment for employees, the Department cannot guarantee relief from the insurance carrier rate increase. Insurance carriers may set their own rates within legal limits, and the Department cannot be held responsible for rate increases, cancellations, or failure to renew private vehicle insurance policies.



## **PART 2.**

# **CLASSIFYING MOTOR VEHICLE ACCIDENTS**

### **18.2-1 MOTOR VEHICLE ACCIDENT CLASSIFICATIONS**

The following defines the Caltrans Vehicular Accident Classification system.

For the purpose of this manual, a “motor vehicle” is broadly defined as either a state-owned (Caltrans or General Services), privately-owned, or commercial rental motor vehicle being operated by a state employee while on official state business.

“Equipment” is broadly defined as motorized construction equipment or equipment used in the construction and/or maintenance of highways typically operated by Caltrans.

“Other vehicles” are defined as a non-state employee/adverse party owned vehicle or property involved in an accident resulting in personal injury or property damage.

The following definitions, although in less detail, correspond to the descriptions found on the reverse side of Form PM-S-0270, DATA INPUT FOR MOTOR VEHICLE ACCIDENT.

### **18.2-2 CLASS I-DEFINITIONS**

#### **CLASS I (a) STATE VEHICLE INDIRECTLY INVOLVED**

When a motor vehicle or equipment is in the proximity of an accident and it may be alleged that the accident was caused, in whole or in part, to the operation or position of the motor vehicle or equipment.

#### **CLASS I (b) WORK DAMAGE TO OTHERS**

When a vehicle or property owned by others is damaged by being sprayed or by material falling or thrown from a state-owned/operated vehicle or equipment.

### **18.2-3 CLASS II-DEFINITIONS**

#### **CLASS II (a) WORK DAMAGE**

Work damage is unavoidable damage to a state vehicle or equipment that occurs during its proper use, but not in the case of a traffic accident.

**NOTE:**

A "Vehicle Accident Report" Form STD. 270, is required for equipment failures that cause an accident such as loading or unloading, towing, equipment failure or glass damaged by sand or an accumulation of scratches, but not for those times in which there is equipment failure or glass damage only.

Class 2, Work Damage will not be used to cover any incident involving damage to property owned by others or resulting in injury to others.

**CLASS II (b) VANDALISM OR THEFT**

Damages as a result of vandalism or theft. This type of incident must be reported on a Form STD. 270, and local law enforcement and the Claims Office in the Districts or Headquarters Legal Office must be notified. A theft without damage must be reported on a "Property Survey Report", as described in the state Administrative Manual (SAM).

**CLASS II (c) OPERATIONAL DAMAGE TO OTHERS**

Damage to an adverse party motor vehicle or property owned by others that occurs during normal and operational use of a Caltrans-owned motor vehicle and/or equipment. Damage to the Caltrans-owned motor vehicle or equipment may or may not occur.

Examples are:

When a buried utility line or facility is damaged during excavation, or when a vehicle or property owned by others is damaged because it is covered or hidden by snow fall or snow pack and is damaged during normal snow removal operations by Caltrans equipment.

**18.2-4 CLASS III-DEFINITIONS**

Any accident which does not fall into Class I or Class II is a Class III accident.

A Class III accident is further defined as an accident in which the state vehicle or equipment was directly involved that may or may not include collision, and one in which injury or property damage occurs to others or to state vehicles or facilities.

**CLASS III PREVENTABLE ACCIDENTS**

A preventable accident is defined as an accident that the driver/operator could have reasonably prevented.

Preventable accidents are caused by driver error or an imprudent act when the state driver/operator fails to take the "**last clear chance**" to avoid the accident. Except for accidents involving mechanical failure, the decision as to whether the accident is preventable is to be based solely on whether or not the driver exercised prudent and careful judgment. Did the driver attempt to avoid the accident regardless of any legal rights (such as right-of-way at intersection) to which he/she may have been entitled under the Vehicle Code?

This interpretation of a preventable accident imposes on each driver the positive duty of doing all that can be done within reason under the particular circumstances to avoid accidents.

The driver is expected to carefully anticipate emergency situations, drive defensively, and to make every possible effort to avoid accidents.

If the driver fails to take the "**last clear chance**" to avoid an accident, the accident is preventable regardless of the question of primary responsibility for the accident. The test to be applied is one of preventability, taking all facts and circumstances under consideration.

**CLASS III NON-PREVENTABLE ACCIDENT**

A non-preventable accident is defined as an accident that occurred with the vehicle/equipment and the state driver or operator did exercise prudent and careful judgment in an attempt to avoid the accident.

Generally, driver error or an imprudent act of the other driver causes these accidents, where the state driver/operator has no control over the acts of others.

**CLASS III ACCIDENT WHILE PROPERLY PARKED**

All properly parked vehicles or equipment are to be considered stationary objects. A properly parked vehicle/equipment is one that is completely stopped and parked where it is legal to do so, or stopped for the purpose of loading or unloading persons or property. Parking at a state facility or on private property is subject to the same regulations as prescribed in the California Vehicle Code.

A vehicle stopped in a traffic lane in response to a traffic control sign or device, or in response to law enforcement direction is not considered parked. If a vehicle is stopped (parked), and has its door struck while the door is open, it is not considered properly parked.



**18.2-5 NOTIFICATION OF CLASS III PREVENTABLE ACCIDENT  
AND THE EMPLOYEE'S RIGHT TO APPEAL**

Employees who are charged with a Class III Preventable accident shall be notified in writing by the District or Headquarters Safety and Health Officer.

Bargaining Unit 12 employees should be informed they have an appeal process described in their Memorandum of Understanding (MOU) because they may be denied benefits and/or awards.

The notice may be prepared by the supervisor, branch chief, region manager, etc.

**ACCIDENT IDENTIFICATION****FORM STD. 269**

NAME STREETS OR ROADS — SHOW TROLLEY TRACKS, DIRECTION AND POSITION OF ALL VEHICLES IN ACCIDENT.				<b>F</b> The S gram to oth the S officia	
				<b>All ve</b> injury <b>within</b> 270. " and a	
<b>DO</b> Accid emph of oth the C advai		<b>ACCIDENT DATA</b>		COUNTY	
				APPROXIMATE ROAD WIDTH	
<b>COM</b> C Subs comn plaint Servi rame of se includ servic		CITY		DISTANCE FROM CURB	
				DATE	
		A.M. P.M.		LOCATION (ADDRESS, INTERSECTION, ETC.)	
				HOUR	

STATE OF CALIFORNIA

**ACCIDENT IDENTIFICATION**

STD. 269 (Rev. 5/97)

**IMPORTANT**

Complete entries below, detach this card and give to other driver who may need information for financial responsibility form.

\_\_\_\_\_  
DRIVER'S FULL NAME AND WORK TELEPHONE NUMBER


\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
DEPARTMENT EMPLOYED BY

\_\_\_\_\_  
DATE AND LOCATION OF ACCIDENT

\_\_\_\_\_  
YEAR AND MAKE OF STATE VEHICLE

\_\_\_\_\_  
LICENSE NUMBER OF STATE VEHICLE

 ANY INQUIRY REGARDING ACCIDENT MAY BE ADDRESSED TO

**OFFICE OF RISK AND INSURANCE MANAGEMENT**  
**DEPARTMENT OF GENERAL SERVICES**  
**1325 J STREET, SUITE 1800**  
**SACRAMENTO, CA 95814**      **[(916) 322-0459]**

THIS FORM IS AN EIGHT (8) SIDED, 4"X 6" FOLDED CARD, PRINTED BACK-TO-BACK.  
ALL SIDES OF THE FORM ARE NOT SHOWN.

# MOTOR VEHICLE ACCIDENTS

JULY 1996

18-22

## VEHICLE ACCIDENT REPORT - SIDE 1.

### FORM STD. 270 (Caltrans)

STATE OF CALIFORNIA <b>VEHICLE ACCIDENT REPORT</b> STD. 270 (REV. 03/2000)		THIS REPORT MUST BE MAILED WITHIN 48 HOURS AFTER ACCIDENT (ACCIDENTS INVOLVING INJURY SHOULD BE FIRST CALLED OR FAXED TO ORIM AT (916) 322-0459 - CALNET 492-0459 - FAX (916) 322-6006). <b>* CONFIDENTIAL INFORMATION *</b> DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF THE OFFICE OF RISK AND INSURANCE MANAGEMENT		DISTRIBUTION: ORIGINAL - <b>District or Headquarters</b> <b>Office of Safety and Health</b>	
ACCIDENT PREVIOUSLY REPORTED TO ORIM? (If yes, give date) <input type="checkbox"/> YES <input type="checkbox"/> NO		Page _____ of _____			
STATE DRIVER	NAME		AGE	EMPLOYING DEPARTMENT <b>CALTRANS -</b>	
	DRIVER'S LICENSE NO.	ACCIDENT DATE	TIME	OFFICE ADDRESS	
	WAS VEHICLE BEING USED ON OFFICIAL STATE BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If NO, attach explanation)</i>			AGENCY BILLING CODE  AGENCY DOCUMENT NO. <b>District/Cost Center</b>	
	APPROXIMATE DATE DRIVER LAST COMPLETED STATE DEFENSIVE DRIVER TRAINING <input type="checkbox"/> NOT TAKEN				
STATE VEHICLE	VEHICLE LICENSE NUMBER	VEHICLE YEAR, MAKE, MODEL		VEHICLE OWNER <input type="checkbox"/> DEPT OWNED <input type="checkbox"/> DGS POOL <input type="checkbox"/> RENTAL <input type="checkbox"/> EMPLOYEE OWNED	
	BRIEFLY DESCRIBE DAMAGES TO STATE VEHICLE		ESTIMATED REPAIR COST	EQUIPMENT ID NO.	
				IF DEPARTMENT OWNED OR RENTAL, ENTER OWNER'S NAME	
ACCIDENT DETAILS <small>(See Reverse for Diagram and Description)</small>	ACCIDENT LOCATION (Address/Area)			ROAD CONDITIONS	
	(City/State)			WEATHER CONDITIONS	
	(County)			TRAFFIC CONDITIONS	
	POLICE REPORT MADE <input type="checkbox"/> YES <input type="checkbox"/> NO			HOW FAST WERE YOU DRIVING	
	AGENCY <input type="checkbox"/> CHP <input type="checkbox"/> OTHER			EST. SPEED OF OTHER CAR	
	NAME AND ADDRESS OF INVESTIGATING AGENCY				
			NCIC#	BADGE #	
OTHER VEHICLE	DRIVER'S NAME		AGE/DOB	VEHICLE LICENSE NO.	VEHICLE YEAR, MAKE, MODEL
	DRIVER'S LICENSE NO.	HOME TELEPHONE	WORK TELEPHONE	No OF PASSENGERS	
	DRIVER'S ADDRESS (Street, City, State, Zip Code)			REGISTERED OWNER	
				OWNER'S ADDRESS	HOME TELEPHONE
				WORK TELEPHONE	
BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY			NAME AND ADDRESS OF OTHER PARTY'S INSURANCE COMPANY		
INJURED	NAME		AGE	ADDRESS	HOSPITAL
	NAME		AGE	ADDRESS	HOSPITAL
WITNESS	NAME		TELEPHONE	ADDRESS	
	NAME		TELEPHONE	ADDRESS	
VEHICLE PASSENGERS STATE OTHER	NAME		ADDRESS		
	NAME		ADDRESS		
	NAME		ADDRESS		
	NAME		ADDRESS		

(CONTINUED ON REVERSE)

JULY 1996

18-23

**VEHICLE ACCIDENT REPORT - SIDE 2.****FORM STD. 270 (Caltrans)**

STATE OF CALIFORNIA <b>VEHICLE ACCIDENT REPORT</b> STD. 270 (REV. 03/2000) (REVERSE)		* <b>CONFIDENTIAL INFORMATION</b> * DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF THE OFFICE OF RISK AND INSURANCE MANAGEMENT																										
STATE FULLY HOW ACCIDENT OCCURRED (Give Details, attached additional sheets if necessary)																												
ACCIDENT DETAILS - DESCRIPTION	Sample																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">             1      2           </p> <p style="text-align: center;">             Indicate Points of Compass N.S.E.W.           </p> </div> <div style="width: 50%;"> <p>Number State vehicle as 1, other vehicle(s) as 2, 3, etc.</p> <p>Show pedestrian by ○</p> <p>Show direction of travel as follows:              Before accident _____              After accident _____</p> <p>Give names or numbers of street or roads</p> </div> </div>																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">DRIVER'S NAME</td> <td>AGE/DOB</td> <td>VEHICLE LICENSE NO.</td> <td>VEHICLE YEAR, MAKE, MODEL</td> </tr> <tr> <td>DRIVER'S LICENSE NO.</td> <td>HOME TELEPHONE</td> <td>WORK TELEPHONE</td> <td colspan="2">REGISTERED OWNER</td> </tr> <tr> <td colspan="3">DRIVER'S ADDRESS (Street, City, State, Zip Code)</td> <td>ADDRESS (Street, City, State, Zip Code)</td> <td>HOME TELEPHONE</td> </tr> <tr> <td colspan="3"></td> <td></td> <td>WORK TELEPHONE</td> </tr> <tr> <td colspan="3">BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY</td> <td colspan="2">NAME AND ADDRESS OF OTHER PARTY'S INSURANCE COMPANY</td> </tr> </table>				DRIVER'S NAME		AGE/DOB	VEHICLE LICENSE NO.	VEHICLE YEAR, MAKE, MODEL	DRIVER'S LICENSE NO.	HOME TELEPHONE	WORK TELEPHONE	REGISTERED OWNER		DRIVER'S ADDRESS (Street, City, State, Zip Code)			ADDRESS (Street, City, State, Zip Code)	HOME TELEPHONE					WORK TELEPHONE	BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY			NAME AND ADDRESS OF OTHER PARTY'S INSURANCE COMPANY	
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	NAME		TELEPHONE		ADDRESS																							
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The answers in this report contain a true and full account of the accident, and the vehicle was being operated on official business of the state at the time of the accident. <i>Attach extra pages as necessary.</i>																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Employee Signature and Date</td> <td>Supervisor Signature and Date</td> <td>Supervisor Name and Title</td> </tr> <tr> <td></td> <td></td> <td>Supervisor Telephone Number</td> </tr> </table>				Employee Signature and Date	Supervisor Signature and Date	Supervisor Name and Title			Supervisor Telephone Number																			
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		Supervisor Telephone Number																										

**DATA INPUT FOR MOTOR VEHICLE ACCIDENT-SIDE 1.****FORM PM-S-0270**

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION  
**DATA INPUT FOR MOTOR VEHICLE ACCIDENT**  
PM-S-0270 (REV. 5/95)

**CONFIDENTIAL**

*This document contains personal information and pursuant to Civil Code 1798.21 it shall be kept confidential in order to protect against unauthorized*

**ACCIDENT INFORMATION**

*(This Form to be completed by First Line Supervisor)*

DATE OF ACCIDENT	TIME (24 Hour)	CALTRANS EMPLOYEE INJURED? <input type="checkbox"/> Yes <input type="checkbox"/> No	ACCIDENT NUMBER <b>M -</b>
		OTHER CALTRANS VEHICLE(S) INVOLVED? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ACCIDENT DESCRIPTION (Briefly describe Accident - Provide Details not included below)


WAS A POLICE REPORT FILED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, ENTER FROM TOP OF POLICE REPORT**	N.C.I.C. #	OFFICER'S BADGE #
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**EMPLOYEE INFORMATION**

LAST	FIRST	MI	SEX	DATE OF HIRE
SOCIAL SECURITY NUMBER		BIRTHDATE	DRIVER LICENSE NUMBER	
			DRUG TEST (Sensitive Positions Only) <input type="checkbox"/> Yes <input type="checkbox"/> No	
CLASS CODE	MTCE ACTIVITY NUMBER	EMPLOYMENT STATUS (Check one) <input type="checkbox"/> PFT <input type="checkbox"/> PI <input type="checkbox"/> LT <input type="checkbox"/> PPT <input type="checkbox"/> TAU <input type="checkbox"/> SPP <input type="checkbox"/> RA <input type="checkbox"/> SA <input type="checkbox"/> †CE		
DISTRICT NUMBER	UNIT/COST CENTER*	ITEM NUMBER	C-NUMBER	LICENSE NUMBER
				ESTIMATED REPAIR COST

**DETAILED INFORMATION**

*(Circle one appropriate for each Category)*

<b>A. WEATHER</b> 01 CLEAR 02 CLOUDY 03 FOG 04 RAIN 05 SNOW 06 WIND	<b>I. PROTECTIVE BELT IN USE</b> 01 LAP BELT 02 SHOULDER HARNESS 03 BOTH LAP BELT & SHOULDER HARNESS 04 NONE USED	<b>M. DRIVERS CONDITION</b> <b>ST. OTH.</b> 01 01 NORMAL 02 02 DRUG/ALCOHOL IMPAIRED 03 03 ILL 04 04 SLEEPY OR FATIGUED 05 05 INATTENTIVE 06 06 OTHERWISE IMPAIRED	<b>P. MOTOR VEHICLE INVOLVED WITH</b> 01 NON COLLISION 02 PEDESTRIAN 03 OTHER MOTOR VEHICLE 04 MOTOR VEHICLE ON OTHER ROADWAY 05 TRAIN 06 BICYCLE 07 ANIMAL 08 FIXED OBJECT 09 RUNAWAY VEHICLE
<b>B. VISIBILITY</b> 01 OVER 1/2 MILE 02 LESS THAN 1/2 MILE 03 LESS THAN 100 YARDS	<b>J. GENERAL LOCATION</b> 01 CITY STREET 02 CONVENTIONAL HIGHWAY 03 CONSTRUCTION 04 FREEWAY 05 FREEWAY RAMP OR CONNECTOR 06 LANING SHOULDER CLOSURE 07 PRIVATE PROPERTY 08 RURAL ROAD 09 STAKE YARD OR ROBERTS 10 TURN OFF RAMP 11 MAINTENANCE WORK ZONE	<b>N. MOVEMENT PROCEEDING COLLISION</b> 01 STOPPED 02 PROCEEDING STRAIGHT 03 RAN OFF ROAD 04 MAKING RIGHT TURN 05 MAKING LEFT TURN 06 MAKING U-TURN 07 BACKING 08 SLOWLY STOPPING 09 PASSING OTHER VEHICLE 10 CHANGING LANE 11 PARKING MANUEVER 12 ENTERING TRAFFIC 13 EVASIVE MANUEVER 14 CROSSING INTO OPPOSING LANE 15 PARKED 16 MERGING 17 TRAVELING WRONG WAY 18 LOST CONTROL	<b>Q. PEDESTRIAN INVOLVEMENT</b> 01 NO PEDESTRIAN INVOLVED 02 CROSSING- IN CROSSWALK 03 CROSSING- NOT IN CROSSWALK 04 WALKING ALONG ROADWAY
<b>C. ROAD CONDITION</b> 01 DRY 02 WET 03 SNOW/ICE 04 SLIPPERY (MUDDY, OILY, ETC) 05 NOT A FACTOR	<b>K. SPECIFIC LOCATION</b> 01 AT INTERSECTION 02 MEDIAN 03 OFF STREET OR HWY IN R/W 04 ON BRIDGE 05 PARKING LOT 06 SHOULDER 07 TRAVELLED WAY	<b>O. TYPE OF COLLISION</b> 01 HEAD ON 02 SIDESWIPE 03 HIT IN REAR 04 BROADSIDE 05 HIT OBJECT 06 OVERTURNED 07 VEHICLE/PEDESTRIAN 08 HIT REAR OF OTHER	<b>R. ACCIDENT CLASS</b> (SEE REVERSE FOR DETAILS) 01 I (a) 02 I (b) 03 II (a) 04 II (b) 05 II (c) 06 III
<b>D. PREVENTABILITY</b> 01 BY DRIVER 02 NON PREVENTABLE 03 BY OTHER CALTRANS EMPLOYEE 04 BY CALTRANS MANAGEMENT 05 BY PRIVATE PARTY	<b>L. BASIC CAUSE</b> <b>ST. OTH.</b> 01 01 EXCESSIVE SPEED 02 02 FOLLOWING TOO CLOSE 03 03 IN WRONG LANE 04 04 AVOIDING AUTO OR OBJECT 05 05 IMPROPERLY PARKED 06 06 IMPROPER BACKING 07 07 DISREGARD OF SIGNS, SIGNALS ETC. 08 08 FAILURE TO OBSERVE CONDITIONS 09 09 POOR JUDGEMENT 10 10 IMPROPER OPERATION OF VEHICLE 11 11 UNKNOWN 12 12 BLOCKED VISION 13 13 DEFECTIVE EQUIPMENT 14 14 LOST LOAD	<b>S. OCCUPATION</b> 01 ADM - ALL OFFICE WORK 02 LAB - LAB TESTING, FIELD AND LAB 03 SHIP - MECHANICS, WELDERS, ETC. 04 CON - FIELD CONSTRUCTION 05 SUR - FIELD SURVEYS 06 FTR - FIELD TRAFFIC 07 TOL - TOLL SERVICES 08 FMT - FIELD MAINTENANCE 09 SPP - SPECIAL PROGRAM PEOPLE 10 CEM - CONTRACTORS EMPLOYEE †	
<b>E. VEHICLES</b> 01 SOLO 02 TWO OR MORE MOVING VEHICLES			
<b>F. TYPE OF VEHICLE</b> 01 STATE 02 PRIVATE 03 RENTAL			
<b>G. VEHICLE FUNCTION</b> 01 EQUIPMENT 02 TRANSPORT PERSONNEL 03 TRANSPORT EQUIPMENT 04 TRANSPORT MATERIAL 05 SNOW REMOVAL 06 SHADOW 07 BARRIER 08 ADVANCE WARNING			
<b>H. CRASH CUSHION</b> 01 HIT 02 NOT HIT 03 NOT APPLICABLE			
IF 03 IS CIRCLED ENTER EMPLOYEE'S SOCIAL SECURITY NUMBER _____			
This Form must be certified correct by the Safety Officer before Data Input <input type="checkbox"/> Certified correct O.K. for Data Entry			
SAFETY OFFICER'S SIGNATURE			
ENTERED BY (Initial) DATE			

\*ENTER THE UNIT NUMBER THE EMPLOYEE WAS CHARGED TO AT THE TIME OF THE ACCIDENT

\*\*THIS INFORMATION IS INCLUDED TO ENABLE COMPARISON OF SUPERVISOR'S REVIEW TO THAT OF LAW ENFORCEMENT OFFICER

† INCLUDED FOR TRACKING PURPOSES ONLY



JULY 1996

18-25

**DATA INPUT FOR MOTOR VEHICLE ACCIDENT-SIDE 2.****FORM PM-S-0270****DATA INPUT FOR MOTOR VEHICLE ACCIDENT**

PM-S-0270 (REV. 5/95)

**REPORTING MOTOR VEHICLE ACCIDENTS**

**SELECTION OF BASIC CAUSE:** The supervisor, after discussing the accident with the driver or worker and making such investigation as is necessary, shall select and indicate a BASIC CAUSE for the accident for either of both (1) the State driver or worker (2) the other car, other worker, pedestrian, or object.

**ACCIDENT CLASSIFICATION:** The following definitions from Section 16.02 of the Equipment Manual will be used to determine the appropriate classification of an accident. All class III accidents require that the full details of the accident investigation be included on the reverse of this form. Whether or not class I or class II accidents shall be included on the reverse of this form shall be subject to direction from each individual Division or District. Consult with the District or Headquarters Safety Officer for direction in your area.

**CLASS I (a)** - State vehicle indirectly involved - when a state vehicle is in the proximity of an accident and it may be alleged that the accident was due, in whole or in part, to the operation or position of the state-owned vehicle or equipment.

**CLASS I (b)** - Work damage to others - when an adverse vehicle or property is damaged by being struck or by material falling or thrown from a state-owned vehicle or equipment;

**CLASS II (a)** - Work damage - Unavoidable damage to state vehicle or equipment that occurs during proper use but not in the case of a traffic accident;

**CLASS II (b)** - Vandalism/Theft - Damages as a result of vandalism or theft must be reported on Std. Form 270. In both cases, local law enforcement officials, as well as claims officer, must be notified immediately;

**CLASS II (c)** - Operational damage to others - damage to another vehicle or property because of normal and operational use of state equipment or vehicles. This category does not include traffic accidents;

**CLASS III** - Any accident which does not fall in Class I or II is a Class III accident. Every accident in which a state owned motor vehicle is involved and results in a reportable personal injury or in a death and any accident that is caused by driver error.

**PREVENTABILITY**

Except for accidents involving mechanical failure, the decision as to whether the accident is preventable is to be based solely on whether or not the driver exercised prudent and careful judgement in his/her attempt to avoid the accident regardless of any legal rights (such as right-of-way at intersection) to which he/she may have been entitled under the vehicle code.

This rule imposes on each driver the positive duty of doing all that can be done within reason under the particular circumstances to avoid accidents. He/she is expected to carefully anticipate emergency situations, and to make every possible effort to avoid accidents. If the driver fails to avail himself/herself of the "last clear chance" to avoid an accident, the accident is preventable regardless of the question of primary responsibility for the accident. The test to be applied is one of preventability, taking all facts and circumstances under consideration.

In addition to examining the actions of the driver regarding his/her taking the "last clear chance" to avoid this accident, please examine the facts of the accident to determine if the accident could have been prevented by 1) another Caltrans employee, 2) Caltrans management (yourself included) or 3) another party. If so circle the appropriate code. If another Caltrans employee could have prevented the accident, enter that employee's Social Security Number in the space provided and provide comments in the accident description as to what that employee could have done to prevent the accident.

**FOR FIRST LINE SUPERVISOR****ACCIDENT PREVENTION PLAN**

1) I HAVE TAKEN THE FOLLOWING ACTION(S) TO PREVENT RECURRENCE OF THIS TYPE OF ACCIDENT.

\_\_\_\_\_  
 \_\_\_\_\_

2) I RECOMMEND THE FOLLOWING ADDED ACTION(S) TO PREVENT THIS TYPE OF ACCIDENT.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1ST LINE SUPERVISOR (Signature)

DATE

**FOR SECOND LINE SUPERVISOR**

☐ I agree ☐ disagree with 1st line supervisor actions and/or recommendations

COMMENTS:

\_\_\_\_\_

2ND LINE SUPERVISOR (Signature)

DATE

**FOR SAFETY OFFICER**

☐ I agree ☐ disagree with actions and/or recommendations ☐ This accident was preventable based on the facts as presented or as determined by Safety Office review or investigation.

COMMENTS:

\_\_\_\_\_

SAFETY OFFICER (Signature)

DATE

\_\_\_\_\_

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MOTOR VEHICLE ACCIDENTS

**THIS SPACE AVAILABLE FOR NOTES:**